

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT****FORM C/OH**2003 JAN 15 AM 10:23 **COVER SHEET PG 1**

|   |  |  |  |
|---|--|--|--|
| <b>The C/OH INSTRUCTION GUIDE explains how to complete this form.</b>   |  | <b>1 ACCOUNT #</b><br>(Ethics Commission filers) | <b>2 Total pages filed:</b>  |
| <b>3 CANDIDATE / OFFICEHOLDER NAME</b>  | TITLE  | FIRST  | MI   |
|   | NICKNAME   | LAST   | SUFFIX   |
| <b>4 CANDIDATE / OFFICEHOLDER ADDRESS</b><br><br><input type="checkbox"/> Change of Address                           | ADDRESS / PO BOX;  | APT / SUITE #;                                   | CITY; STATE; ZIP CODE  |
|   |  |  |  |
| <b>5 CAMPAIGN TREASURER NAME</b>  | TITLE  | FIRST  | MI   |
|   | NICKNAME   | LAST   | SUFFIX   |
| <b>6 CAMPAIGN TREASURER ADDRESS</b><br>(Residence or business)  | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  |  |  |
|   |  |  |  |
| <b>7 CAMPAIGN TREASURER PHONE</b>   | AREA CODE  | PHONE NUMBER                                     | EXTENSION  |
| <b>8 REPORT TYPE</b>  | <input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)<br><input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR) |  |  |
| <b>9 PERIOD COVERED</b>   | Month Day Year <del>07/01/02</del> <sup>05/08/02</sup> <sup>TWIII</sup> THROUGH    Month Day Year    12/31/02  |  |  |
| <b>10 ELECTION</b>  | ELECTION DATE  |  | ELECTION TYPE  |
|   | Month Day Year   |  | <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special |
| <b>11 OFFICE</b>  | OFFICE HELD (if any)   |  | <b>12 OFFICE SOUGHT (if known)</b>   |
| <b>13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS</b><br><br><input type="checkbox"/> additional pages | ** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **  |  |  |
|   | Name   |  |  |
|   | Address / PO Box; Apt. / Suite #; City; State; Zip Code  |  |  |
| <b>GO TO PAGE 2</b>   |  |  |  |



# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME

15 ACCOUNT # (Ethics Commission Use)

16 NOTICE  
FROM  
POLITICAL  
COMMITTEE(S)

\*\* This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. \*\*

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

☐ additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 NO REPORTABLE  
ACTIVITY☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)18 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

300.00

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$

410.81

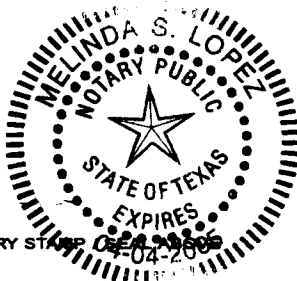
OUTSTANDING  
LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



AFFIX NOTARY STAMP

*[Signature]*  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Theron "Ron" Wright II, this the 15th day of January, 2003, to certify which, witness my hand and seal of office.

*[Signature]*  
Signature of officer administering oath

Melinda S. Lopez  
Printed name of officer administering oath

*[Signature]*  
Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1

 FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS

2003 JAN 15 AM 10:23

|   |   |  |   |  |  |
|---|---|--|---|--|--|
| The INSTRUCTION GUIDE explains how to complete this form.                                 |   |  |   | 1 Total pages this Schedule A1:                    |  |
| 2 FILER NAME<br><b>THELON "RON" WRIGHT III</b>  |   |  |   | 3 ACCOUNT # (Ethics Commission filers)             |  |
| 4 Date<br><b>7-21-02</b>  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br><b>TOM WINN</b>       |  | 7 Amount of contribution (\$)<br><b>50.00</b> | 8 In-kind contribution description (if applicable) |  |
| 6 Contributor address; City; State; Zip Code<br><b>8601 Midcrown Dr, S.A., Tx, 78239</b>  |   |  |   |  |  |
| 9 Principal occupation (Optional)<br><b>Fire Chief of Windcrest</b>                       |   |  | 10 Employer (Optional)                        |  |  |
| Date<br><b>10-3-02</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br><b>LEON REID</b>        |  | Amount of contribution (\$)<br><b>100.00</b>  | In-kind contribution description (if applicable)   |  |
| Contributor address; City; State; Zip Code<br><b>7507 AVERY Rd, S.A., Tx, 78233</b>       |   |  |   |  |  |
| Principal occupation (Optional)<br><b>Red McCombs mgr. UTSA</b>                           |   |  | Employer (Optional)                           |  |  |
| Date<br><b>10-3-02</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br><b>GEORGE WALLACE</b>   |  | Amount of contribution (\$)<br><b>50.00</b>   | In-kind contribution description (if applicable)   |  |
| Contributor address; City; State; Zip Code<br><b>8622 BLUE GRASS LANE S.A., Tx, 78239</b> |   |  |   |  |  |
| Principal occupation (Optional)<br><b>Retired military General</b>                        |   |  | Employer (Optional)                           |  |  |
| Date<br><b>10-3-02</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br><b>LINDA GIPSON</b>     |  | Amount of contribution (\$)<br><b>50.00</b>   | In-kind contribution description (if applicable)   |  |
| Contributor address; City; State; Zip Code<br><b>239 CHARCLIFF S.A., Tx, 78220</b>        |   |  |   |  |  |
| Principal occupation (Optional)<br><b>Nurse</b>   |   |  | Employer (Optional)                           |  |  |
| Date<br><b>10-3-02</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br><b>JEANNIE PHILLIPS</b> |  | Amount of contribution (\$)<br><b>50.00</b>   | In-kind contribution description (if applicable)   |  |
| Contributor address; City; State; Zip Code<br><b>1015 H STREET S.A., Tx, 78220</b>        |   |  |   |  |  |
| Principal occupation (Optional)<br><b>Mrs. Baines</b>                                     |   |  | Employer (Optional)                           |  |  |

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

## POLITICAL EXPENDITURES

## SCHEDULE F

2003 JAN 15 AM 10:23

|  |   |   |
|--|---|---|
| The INSTRUCTION GUIDE explains how to complete this form.  |   | 1 Total pages Schedule F:   |
| 2 FILER NAME<br>THERON "RON" WRIGHT III  |   | 3 ACCOUNT # (Ethics Commission filers)  |
| 4 Date<br>7-5-02   | 5 Payee name<br>KINKO'S<br>6 Payee address; City; State; Zip Code<br>4418 BROADWAY<br>S.A., TX, 78209             | 7 Amount (\$)<br>8.61   |
| 8 Purpose of payment (See instructions regarding type of information required.)<br>OFFICE SUPPLIES |   | 9 -- Complete if direct expenditure to benefit C/OH --<br>Candidate / Officeholder name Office sought Office held |
| Date<br>7-12-02  | Payee name<br>KINKO'S<br>Payee address; City; State; Zip Code<br>4418 BROADWAY<br>S.A., TX, 78209                 | Amount (\$)<br>16.18  |
| Purpose of payment (See instructions regarding type of information required.)<br>OFFICE SUPPLIES   |   | -- Complete if direct expenditure to benefit C/OH --<br>Candidate / Officeholder name Office sought Office held   |
| Date<br>8-30-02  | Payee name<br>KINKO'S<br>Payee address; City; State; Zip Code<br>4418 BROADWAY<br>S.A., TX, 78209                 | Amount (\$)<br>80.91  |
| Purpose of payment (See instructions regarding type of information required.)<br>CAMPAIGN BANNER   |   | -- Complete if direct expenditure to benefit C/OH --<br>Candidate / Officeholder name Office sought Office held   |
| Date<br>10-16-02   | Payee name<br>SILK SCREEN STATION<br>Payee address; City; State; Zip Code<br>925 CREEKVIEW DR.<br>S.A., TX, 78219 | Amount (\$)<br>215.75   |
| Purpose of payment (See instructions regarding type of information required.)<br>CAMPAIGN SIGNS    |   | -- Complete if direct expenditure to benefit C/OH --<br>Candidate / Officeholder name Office sought Office held   |
| ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED  |   |   |

## POLITICAL EXPENDITURES

## SCHEDULE F

RECEIVED  
CITY CLERK  
2003 JAN 15 AM 10:23

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

THERON "RON" WRIGHT III

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

KINKO'S

7 Amount (\$)

10-23-02

6 Payee address; City; State; Zip Code

4418 BROADWAY  
SIA, TX, 78209

86.30

8 Purpose of payment (See instructions regarding type of information required.)

CAMPAIGN BANNER

9 -- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Date

Payee name

WAL-MART

Amount (\$)

10-24-02

Payee address; City; State; Zip Code

7702 IH-35 N.  
SIA, TX, 78218

3.06

Purpose of payment (See instructions regarding type of information required.)

OFFICE SUPPLIES

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED